

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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34						
35						
36						
37						
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47	1	1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		1				
52	1					
53		1				
54		1				
55		1				
56	1					
57		1				
58		1				
59		1				
60		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	4					
TOTAL DEP.		23				
TOTAL CLAIMS	27					